Entity Name: _	ntity Name: MADISON HISTORICAL SOCIETY, INC				
Address:	PO BOX 268 TALLULAH, LA 71284-0268				
Telephone:	318-574-0082	Email:_	hermionemuseum@gmail.com		
the end of the en	ntity's fiscal year by send g to Louisiana Legislat	ding a pdf copy	e filed with the Legislative Auditor within 90 days of by email to <u>ereports@lla.la.gov</u> , faxing to 225-339- Local Government Services, P.O. Box 94397, Baton		
		AFFIDA	AVIT		
Personally came	e and appeared before th	e undersigned a	authority, Charles Michael Finlayson (officer's		
			ancial statements herewith given present fairly, in all		
			on Historical Society, Inc (entity's name) as		
of 12/31/201		•	e results of operations for the year then ended, in		
accordance wit	h the basis of accountin	g described wit	thin the accompanying financial statements; that the		
			acture sufficient to safeguard assets and comply with		
laws and regu	lations; and that the	entity has con	mplied with all laws and regulations, except as		
follows:					
Complete if Ap	plicable: In addition,	Charles Mich	ael Finlayson (officer's name), who duly sworn		
deposes, and sa	ys thatMadison His	torical Society,	, Inc (entity's name) received \$75,000 or less		
in revenues and	other sources for the year	ar ended <u>12/3</u>	(entity's year-end), and accordingly		
is not required	to have an audit for the	previously men	ntioned fiscal year.		
Chri	h Lufn		PRESI PENT		
OFFICER'S SI	GNATUR		OFFICER'S TITLE		
Swam to and s	ubscribed before me, th	is. 5 day	40f April , 20 32		
Syaum to and s	doscribed before me, m	is. July			
( W) W	The \$ 545	76/2/			
NOTARY PUI	BLIC SIGNATURE & S	SEALO NO PUB	TIC OF		

Please submit a pdf copy of the completed form to: ereports@lla.la.gov - Updated 01/22

Entity Name: Madison Historical Society, Inc Fiscal Year End: 12/31/2019

### Statement of Receipts and Disbursements

Identify the Basis of Accounting, if not using Cash-Basis:

### Statement A

•	Gene Fun		Other Fund	Total
RECEIPTS (Provide Brief Description):				¢ 6,087.37
1. Bid Tax	\$ 6,087	.37 <u>\$</u>		Ψ
2. Insurance Proceeds	12,500	.00		12,500.00
3. Sales	756	.00		<u>756.00</u>
4.				
5,				<u> </u>
6. Total receipts (add lines 1 - 5)	\$ 19,34	3.37 \$		\$ 19,343.37
Contract labor     Insurance     Postage & supplies     Repairs & Maint     Prof Fees	66 48	0.00 \$ 0.61 5.18 8.58 7.19		\$4,620.00 976.61 665.18 488.58 127.19
12. Security, Telephone, Utilities		2.53	<del></del>	5,182.53
13. Total Disbursements (add lines 7 - 12)	\$ 12,06			\$ 12,060.09
14. Change in fund balance (Lines 6 minus 13)	\$ 7,28	3.28 \$		\$ 7,283.28
15. Fund Balance at beginning of year	\$ 15,48	7.17 \$	1,215.87	\$ 16,703.04
16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B	\$ 22,7	70.45 <sub>\$</sub>	1,215.87	\$ 23,986.32

NOTE: If the entity receives any funds from pre- or post-adjudication court costs, fines, and/or fees, the entity must use one or more of the following categories in the receipts description fields: Civil Fees; Bond Fees; Asset Forfeiture/Sale; Pre-Trial Diversion Program; Criminal Court Costs/Fees; Criminal Contempt Fines; Other Criminal Fines; Restitution; and Probation/Parole/Supervision Fees.

Entity Name: Madison Historical Society, Inc Fiscal Year End: 12/31/2019

Balance Sheet		<u>S</u> 1	tatement B
	General Fund	Other Fund	Total
ASSETS (balances at year-end)  1. Cash and cash equivalents	\$ 22,770.45	\$ 1,215.87	\$ 23,986.32
Investments (fair value)     Office furnishings (Cost of desks, etc)	2,006.00		2,006.00
<ul> <li>4. Equipment (Cost of fax machine, etc)</li> <li>5. Other (brief description) Land &amp; Building</li> <li>6. Total Assets (add lines 1 - 5)</li> </ul>	133,729.00 \$ 158,505.45	4 - 4 - 6 -	133,729.00 \$ 159,721.32
LIABILITIES AND FUND BALANCE (at year-end):	s 0	<b>\$</b> 0	s 0
7. Liabilities (brief description):  8.  9.			
10. 11. <b>Total Liabilities</b> (add lines 7 - 10)		1,215.87	23,986.32
12. Fund balance (amount from Line 16 on Statement A)  13. Other PP&E  14. Total Liabilities and Fund Balance (add lines 11 - 13)	22,770.45 135,735.00 \$ 158,505.45		135,735.00 \$ 159,721.32

Entity Name: Madison Historical Society, Inc Fiscal Year E	nd: 12/31/201
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#### Statement C

### Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Charles Michael Finlayson - President

Purpose	Dollar Amount
1. Salary	1 0
2. Benefits-insurance	2.
3. Benefits-retirement	3.
4. Benefits-other (describe)	4.
5. Benefits-other (describe)	5.
6. Benefits-other (describe)	6.
7. Car allowance	7.
8. Vehicle provided by government (if reported on your W-2)	8.
9. Per diem	9.
10. Reimbursements	10.
11. Travel	11.
12. Registration fees	12.
13. Conference travel	13.
14. Housing	14.
15. Unvouchered expenses (example: travel advances, etc.)	15.
16. Special meals	16.
17. Other	17.
18. TOTAL (enter total of line 1-17)	18. 0

Please check here if the Agency Head does not receive any compensation, benefits, and other payments. (Act 462 of the 2015 Legislative Session allows nongovernmental entities or not-for-profit (quasi-public) entities to report on the Act 706 schedule only those payments to the agency head that are derived from the public funds.)